GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Honduras*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **13.05.2011 11:42:48**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS
The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
AVN	Pneumococcal (PCV13), single-dose vial, Liquid	Pneumococcal (PCV13), single-dose vial, Liquid	2015
AVN	Rotavirus, 2-dose format	Rotavirus, 2-dose format	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ASI	2010

HSS	2012

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Honduras hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Honduras

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister of Finance, or their respective delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Arturo BENDAÑA PINEL	**Name**	William CHONG WONG
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
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Full name	Position	Telephone	Email	Action
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Jeffrey BARAHONA	Consultant PAHO/WHO Honduras	(504) 2222-6091	barahona@hon.ops-oms.org	

2.2. ICC Signatures Page

If the country is reporting on Immunization Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunization Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organization	Signature	Date	Action
Gina WATSON / Representative	PAHO/WHO			
Tadeusz PALAC/Representative	UNICEF			
Gustavo AVILA/Specialist Health Project	USAID			
Fernando TOME/Honorary Chairman	Instituto Interamericano del Niño			

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - CONSALUD, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organization	Signature	Date	Action
Javier PASTOR / Under-Secretary for Sector Policy	Secretariat for Health			
Yolany BATRES / Under-Secretary for Service Networks	Secretariat for Health			
María Socorro INTERIANO / Director UPEG	Secretariat for Health			
Gina WATSON / Representative	Pan-American Health Organization			
Eduardo VILLARS APPEL/ Chairman	College of Surgeons Dentist			
Nery CERRATO / General Secretary	Asociación Municipios de Honduras (AMHON)			

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organization	Signature	Date	Action
Dr Janethe Aguilar Montano	Technical Coordinator HSS-GAVI Secretariat for Health			

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - CONSALUD, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organization	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

3. Table of Contents

This APR reports on Honduras's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	178,197	188,026	188,966	189,911	190,861	191,815
Total infant deaths	4,098	4,324	4,346	4,368	4,390	4,412
Total surviving infants	174,099	183,702	184,620	185,543	186,471	187,403
Total pregnant women	209,643	221,207	222,313	223,425	224,542	225,665
# of infants vaccinated (to be vaccinated) with BCG	194,086	186,146	187,076	188,012	188,952	189,897
BCG coverage (%) *	109%	99%	99%	99%	99%	99%
# of infants vaccinated (to be vaccinated) with OPV3	179,692	180,505	181,407	182,315	183,227	184,142
OPV3 coverage (%) **	103%	98%	98%	98%	98%	98%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	187,091	187,126	188,061	188,993	189,947	190,896
# of infants vaccinated (to be vaccinated) with DTP3 ***	179,638	180,505	181,407	182,315	183,227	184,142
DTP3 coverage (%) **	103%	98%	98%	98%	98%	98%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal		187,126	188,061	188,993	189,947	190,896
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal		180,505	181,407	182,315	183,227	184,142
Pneumococcal coverage (%) **	0%	98%	98%	98%	98%	98%
Wastage[1] rate in base-year and planned thereafter (%)		5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter		1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	181,953	187,126	188,061	188,993	189,947	190,896
Infants vaccinated (to be vaccinated) with last dose of Rotavirus	175,358	181,445	182,352	183,264	184,181	185,101
Rotavirus last dose coverage (%) **	101%	99%	99%	99%	99%	99%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles						
Measles coverage (%) **	0%	0%	0%	0%	0%	0%
Pregnant women vaccinated with TT+	41,039	31,364	31,450	32,022	31,543	31,545
TT+ coverage (%) ****	20%	14%	14%	14%	14%	14%
Vit A supplement to mothers within 6 weeks from delivery	117,549	159,959	160,398	163,313	160,870	160,878
Vit A supplement to infants after 6 months	163,849	173,645	174,121	177,295	174,636	174,636
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	4%	4%	4%	4%	4%	4%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

Changes have been made in births from 2011 onwards as, when analyzing the total of BCG doses (194,086) and first doses of Pentavalent (187,091) applied in 2010, it became clear that the official estimations of infants aged less than one year were underestimated. Alco, considering that there are still problems with BCG information at hospital level – a matter which has been verified by supervision, first doses of Pentavalent were considered the best indicator to estimate the denominator.
Accordingly, in 2011, the Secretariat for Health Statistics Department, at the request of the Extended Programme of Immunization (EPI), commenced an analysis and review of the population estimates of infants aged less than one year, adjusted by the National Statistics Office (INE) in 2008.
In view of these circumstances, and to avoid vaccine shortages at local level, the EPI has made non-official preliminary changes to the estimations of births and targets by vaccine up to 2015. The INE will take a population and housing census in 2012, and new forecasts will be available in 2013.

Provide justification for any changes in **surviving infants**

Provide justification for any changes in **targets by vaccine**

Changes have been made in targets by vaccine to reflect the changes made in births for 2011-2015.

Provide justification for any changes in **wastage by vaccine**

5.2. Immunization achievements in 2010

5.2.1.

Please comment on the achievements of immunization programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

In 2010, national coverage levels of over 100% were attained in infants under one year with regard to BCG (109%), 3Sabin (101%), 3Pentavalent (101%), with a level of 98% attained for Rotavirus; in the case of SRP coverage levels of 101% were attained in the 12-23 months population. In general, population projections made by INE in 2008 have been underestimated.

The main activities put in place to improve vaccination coverage include:
- Monthly monitoring and analysis of vaccination coverage by health unit and municipality, for informed decision-making.
- The holding of a National Vaccination Day, to identify susceptible population.
- Special vaccination operatives in areas of difficult geographic access and Health Units in municipalities at risk of

coverage levels of less than 95% for 3Pentavalente.
- Identification of susceptible population during the two Influenza A (H1N1) vaccination campaigns.

Difficulties identified include:
- Limited transport and financial logistics for systematic vaccination in outlying areas and areas of difficult access, with support from inter-institutional coordination between municipal governments and civil society organizations, focusing on vaccination workshops and operatives.
- Non-systematic supervision at all levels, because of shortfalls in transport logistics and human resources.
- Limited permanent human resources for systematic local vaccination in outlying areas, leading to priority being given to nursing schools for Health Units attending to areas with higher population concentration.
- Health Units closed for extended periods due to lack of human resources, regular vaccines and prophylactic vaccines. This means that rural health units can be closed for periods averaging three months. When this happens, the level immediately above becomes responsible for identifying local vaccination strategies, such as assigning resources from other health units to vaccinate susceptible population, etc.
- Social insecurity. Because of the safety risk, sustained vaccination campaigns in outlying areas are curtailed, leading to a concentration on towns, where vaccination personnel working in at-risk neighbourhoods are supported by police and the military.

5.2.2.

If targets were not reached, please comment on the reasons for not reaching the targets

5.2.3.

Do males and females have equal access to the immunization services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunization services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? Yes

If Yes, please give a brief description on how you have achieved the equal access.

Honduran national immunization policy gives universal access to the target population independently of sex, race or economic condition. No sex-disaggregated data is available on vaccinated population; however, as close to 100% of target population is vaccinated (males and females), we estimate that access surpasses 95% for both sexes.

Plans for 2011 include the design and setting-up of an immunization register, containing details on vaccinated population – name, registry number, place of birth, place of residence, sex, and other variables. The system will be linked to the National Census (RNP).

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunization services

In 2010, national coverage of over 95% was attained for vaccines applied to children aged under 2 years. The current situation of not having a register of doses applied per sex means no sex-disaggregated data is available. This shortfall will be overcome by the implementation of the immunization register.

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunization coverage data from different sources (for example, if survey data indicate coverage levels that are different than those

measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunization Coverage and the official country estimate are different)*****.

- No national surveys were carried out in 2010 for comparison purposes.
- Historically, there have been no discrepancies between administrative data and WHO/UNICEF estimates.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

If Yes, please describe the assessment(s) and when they took place.

Over November to December 2010, data quality was assessed in four of the 20 health regions: Yoro, Intibucá, Cortés and Colón, with the following principal findings:

- The system functions in an orderly manner, with defined information flows at central, departmental and local levels. - 16 health units were assessed in the four health regions where the Data Quality Survey (DQS) was performed, finding a mean performance of 90% with variations of 85% to 95% in the 4 areas assessed (Demography-Planning, Archive-Reports, Monitoring-Evaluation and Registry); Monitoring-Evaluation and Registry were the least-performing areas.

- Inconsistencies were found between the data contained on the daily log sheets (VAC_1) and the monthly consolidated log sheets (VAC_2) in 12 out of 16 (75%) of the health units, particularly with regard to under-reporting of doses logged in the VAC_1 (primary source) and reported in the VAC_2.

- Report integrity was verified at all levels, with information on vaccination coverage by health unit and municipality available by the end of the following month.

- Handling of Immunization formats is correct.

- Rapid Coverage Monitoring (RCM) is performed correctly as part of the sustained programme and daily campaigns.

- Personnel involved in the Extended Programme of Immunization are very committed.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Bearing in mind that up until 2007 the country reported negative drop-out rates for the vaccines in question, a range of interventions were put in place from 2008 onwards. These include: - Incorporation of data quality control in EPI supervisory guidelines, comparing a range of sources at local level: vaccination lists, registry forms, birth records, etc. - Systematic annual appraisal of vaccination data quality: 2008 – in 55% of health regions receiving human resources support from the Applied Local Epidemiology Course (Curso de Epidemiologia Aplicada Local – CEAL). 2009 – due to the political situation in the country no activities could be performed. 2010 – 20% of health regions were evaluated. - Supportive management of a range of partners through the Department of Statistics and the EPI, for the design of nominal vaccination software.

- Supervision of the operation of the data system from central to department level.

- Training of a national data quality appraisal methodology team, made up of statisticians from the central statistics department and from selected regions.

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

The following are the primary activities in planning and operational phases:

- Systematic supervision of the operation of the Vaccination Information System Software (SIVAC) at department level

- Six-monthly evaluation of the operation of the SIVAC as part of evaluation of the programme
- Commencement of the design of the EPI nominal data sub-system, validation and implementation
- Ongoing evaluation of data quality in priority health regions

5.4. Overall Expenditures and Financing for Immunization

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 18.89	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name**	**Donor name**	**Donor name**	
Traditional Vaccines*	7,624,795	7,624,795							
New Vaccines	21,783,639	3,731,500	4,531,700		13,520,438				
Injection supplies with AD syringes	299,670	220,309			79,362				
Injection supply with syringes other than ADs	15,796	15,796							
Cold Chain equipment	78,200	78,200							
Personnel	446,300	446,300							
Other operational costs	2,292,484	1,622,999	37,750	61,155		463,080	107,500		
Supplementary Immunization Activities	568,067	376,001		97,145		94,921			
Total Expenditure for Immunization	*33,108,951*								
Total Government Health		14,115,900	4,569,450	158,300	13,599,800	558,001	107,500		

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunization from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	8,799,600	8,887,600	
New Vaccines	5,218,307	5,244,293	
Injection supplies with AD syringes	221,000	222,000	
Injection supply with syringes other than ADs	13,920	14,500	
Cold Chain equipment	312,700	281,400	
Personnel	475,300	490,500	
Other operational costs	1,928,673	1,886,007	
Supplemental Immunization Activities	849,300	733,000	
Total Expenditures for Immunization	17,818,800	17,759,300	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Within the EPI multi-year plan for 2005-2010, total finance of $18,086,700.00 was set aside for 2010. This figure was adjusted in the EPI initial annual action plan for 2010 to $$24,897,400.00, with the final real expense amounting to $33,103,400, with a gap of $$2,021,500 in cold chain, training and communication and social mobilization. The variation between the amounts set aside in the multi-year plan and the action plan for 2010 obeys to the introduction of the Rotavirus and Pneumococcal vaccines and changes in the public sector workers travel expenses scale. The variation in the amount initially set aside for 2010 and the amount actually spent owes to the Influenza A (H1N1) immunization campaign put in place to mitigate the flu pandemic. Financial sustainability perspectives for the EPI for operations over the coming three years come from national financing, including a gradual increase in co-financing of new vaccines. However, financing gaps identified in the 2011-2015 multi-year plan will persist in relation to cold-chain components - construction and equipment of cold rooms; training - updating of health personnel with regard to EPI standards; and communication and social mobilization - implementing a communication strategy for the sustained programme. These gaps are the result of priority being given to essential elements such as biologists, implementation, supervision, cold chain (maintenance), etc. The gaps are manageable and the strategies put in place are aimed at continuing to formulate projects to mobilize off-budget resources, extending the Immunization Act and permanent advocacy before the Department of Finance.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number 01A, 01B y 02) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunization

1. In relation to baseline and updated annual targets, the ICC is concerned that the underestimation of the official population of infants aged under 1 year affects vaccination scheduling and supplies, with particular shortages of the new vaccines co-financed by GAVI and repercussions on budget planning.

2. The ICC supports the proposal made by the Department of Health with regard to expediting payment for the new vaccines out of national funds, in order to expedite the introduction of new vaccines.

Are there any Civil Society Organizations (CSO) member of the ICC?: Yes

If Yes, which ones?

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organizations:	Actions
Asociación de Municipios de Honduras (AMHON)	
Honduran College of Physicians	
Honduran Red Cross	
Honduran Association of Pediatricians	
Nurses Association	
Church of the Latter Day Saints	
HOPE Project	
National Immunization Board (Consejo Consultivo Nacional de Inmunizaciones – CCNI)	
Canadian Red Cross	
Save Children	
Federation of Private Development Organizations (Federación de Organizaciones Privadas de Desarrollo – FOPRIDE)	
Catholic Medical Mission Board (CMMB)	
World Relief	
International Plan	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

Under the 2011-2015 Multi-Year Plan, the objectives of the EPI are aimed at controlling, eliminating and eradicating vaccine-preventable diseases, by means of reinforcing the regular immunization programme in order to attain homogenous coverage of over 95% at municipal level.
Priority actions for 2011-2012 include:

- Implementation of EPI municipal intervention plans in 110 municipalities identified as at risk. Training of public sector, social security and private health personnel in updated EPI standards.
- Design, validation and implementation of a nominal immunization data system. Reformulation of the national communication strategy by EPI Reinforcement of the monitoring, analysis, supervision and evaluation processes at municipal level.

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	1cc AD syringes with 26GX 3/8 needle	National	
Measles	0.5cc AD syringes with 25GX 5/8 needle	National	
TT	0.5cc AD syringes with 22GX 1 1/2 needle	National	

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
DTP-containing vaccine	0.5cc AD syringes with 22GX 1 needle	National	
Pneumococcal	0.5cc AD syringes with 22GX 1 needle	National, GAVI	
Influenza	0.5cc AD syringes with 22GX 1 needle	National	
YF	0.5cc AD syringes with 25GX 5/8 needle	National	
HepB	0.5cc AD syringes with 22GX 1 1/2 needle	National	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

National regulations for the handling of hazardous waste generated by health centres were approved in July 2008, and the EPI multi-year plan for 2011-2015 includes actions for the safety of injections performed as part of the immunization services. The obstacles stem from the non-availability of AD syringes for the BCG vaccine in the dose recommended by the manufacturer (0.05cc) through the PAHO Revolving Fund, and from problems in relation to final disposal of sharp objects in large cities.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

In 2010, sharp objects generated by the vaccination services were eliminated, following EPI guidelines:

• Elimination of used syringes with their needles in safety boxes in 100% of health centres.

• Destruction of used syringe needles in portable electrical syringe needle destroyers in urban health centres, followed by elimination of the syringes in safety boxes.

• Final disposal of full safety boxes in safety pits or buried, in the case of rural health centres.

Principal problems encountered:

• In urban areas, safety boxes are disposed in municipal dumps, because of the lack of safe incinerators and sanitary landfills.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 3,008
Balance carried over to 2011	US$ 0

Please report on major activities conducted to strengthen immunization using ISS funds in 2010

Funds remaining from 2009 were assigned to department level to supervise all EPI components in the priority regions of Atlántida, Cortés, Yoro, Lempira and Olancho.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

> **Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

> **Part B:** briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.
>
> Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 07) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number 08).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunization programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunization programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**			175,468	179,638
2	Number of **additional** infants that are reported to be vaccinated with DTP3				4,170
3	Calculating	$20	per additional child vaccinated with DTP3		83,400
4	**Rounded-up estimate of expected reward**				**83,500**

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunization Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
Pneumococcal	107,700	108,000	0	
Rotavirus	358,900	395,450	0	

** Please also include any deliveries from the previous year received against this DL*

If numbers [A] and [B] above are different

What are the main problems encountered? (Lower vaccine utilization than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

In relation to the Rotavirus vaccine, the figures for doses approved and received in 2010 vary, due to delays in shipment of the 2009 vaccine, with a complement being received in 2010. The delay was due to late assignment of the GAVI co-financing funds to the PAHO revolving vaccine fund.

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

To avoid shortages of the Rotavirus vaccine, the Department of Health has authorized payment to the PAHO revolving fund as a loan for available funds credited for payment of traditional vaccines; this situation has arisen on several occasions.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced		
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned? The Department of Health, through EPI, performs six-monthly evaluations of all components of the programme, including the introduction of new vaccines, such as Rotavirus – introduced in 2009. No other types of evaluation have been scheduled.

If your country conducted a PIE in the past two years, please attach relevant reports (Document No 05)

7.2.3.

Has any case of Adverse Event Following Immunization (AEFI) been reported in 2010 calendar year? Yes

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

In 2010, 9 cases of intussusception were reported in infants aged under 1 year after application of the Rotavirus vaccine (1 case after the first dose, 8 after the second dose). All 9 were hospitalized; none died. The cases were classified as coincident with but unrelated to the vaccine, with no repercussion on immunization.

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	0
Receipt date	

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

In 2008, EPI received a grant of US200,000 for the introduction of new Rotavirus and Pneumococcal vaccines. In 2010, the following activities were performed:
- Production of material for epidemiological surveillance of diarrhoea caused by Rotavirus and AEFI: Dossiers, local vaccination coverage monitoring graphs, scheduling books, vaccination cards, Rotavirus vaccine promotional

posters.
- Holding of a technical-administrative evaluation meeting for all components of EPI, including a plan to introduce the Rotavirus vaccine, with the participation of department technical teams, central level technical team, the Honduran Social Security Institute (IHSS) and partners.

Please describe any problem encountered in the implementation of the planned activities

No problems arose.

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US$ 89,840

Please describe the activities that will be undertaken with the balance of funds

For 2011, the following activities have been scheduled for the introduction of the 13-valent Pneumococcal vaccine:
- Training of health personnel in guidelines for the introduction of the Pneumococcal vaccine
- Reformulation of EPI communication strategy
- Design and production of IEC material to back the introduction of the new vaccine
- Supervision of introduction of the vaccine
Holding of a technical-administrative evaluation meeting on all elements of EPI, stressing the introduction of the Pneumococcal vaccine

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No 10). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Pneumococcal (PCV13), single-dose, Liquid	17,000	4,600
2nd Awarded Rotavirus vaccine, 2-dose	144,000	15,800
3rd Awarded vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other	Honduran national budget	

Q. 3: What factors have accelerated, slowed, or hindered mobilization of resources for vaccine co-financing?
1. None
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Pneumococcal(PCV13), single-dose, Liquid	4
2nd Awarded Rotavirus vaccine, 2-dose format	4
3rd Awarded Vaccine	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget?

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 09)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

When is the next Effective Vaccine Management (EVM) Assessment planned?

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilized) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarized in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD syringes	0	0.053	0.053	0.053	0.053	0.053
DPT-HepB, 2-dose vial, Liquid	2	1.600				
DPT-HepB, 10-dose vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
Pentavalent, single-dose vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
Pentavalent, 2-dose vial, Lyophilized	WAP	2.580	2.470	2.320	2.030	1.850
Pentavalent, 10-dose vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DPT-Hib, 10-dose vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monovalent, single-dose vial, Liquid	1					
HepB monovalent, 2-dose vial, Liquid	2					
Hib monovalent, single-dose vial, Lyophilized	1	3.400				
Measles, 10-dose vial, Lyophilized	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2-dose vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), single-dose vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
Reconstitution syringes	0	0.032	0.032	0.032	0.032	0.032
Reconstitution syringes -	0	0.038	0.038	0.038	0.038	0.038
Rotavirus, 2-dose format	1	7.500	6.000	5.000	4.000	3.600
Rotavirus, 3-dose format	1	5.500	4.000	3.333	2.667	2.400
Safety boxes	0	0.640	0.640	0.640	0.640	0.640
YF, 5-dose vial, Lyophilized	WAP	0.856	0.856	0.856	0.856	0.856
YF, 10-dose vial, Lyophilized	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilized and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilized and 10 dose lyophilized)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	183,702	184,620	185,543	186,471	187,403		927,739
Number of children to be vaccinated with the third dose	Table 1	#	180,505	181,407	182,315	183,227	184,142		911,596
Immunization coverage with the third dose	Table 1	#	98%	98%	98%	98%	98%		
Number of children to be vaccinated with the first dose	Table 1	#	187,126	188,061	188,993	189,947	190,896		945,023

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	3.500	3.500	3.500	3.500	3.500		
Country co-financing per dose		$	0.17	0.84	1.50	2.17	2.83		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	"Graded"

	2011	2012	2013	2014	2015
Minimum co-financing	0.17	0.84	1.50	2.17	2.83
Your co-financing	0.17	0.84	1.50	2.17	2.83

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		460,100	357,400	252,000	147,100	1,216,600
Number of AD syringes	#		486,500	377,800	266,400	155,600	1,286,300
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		5,400	4,200	2,975	1,750	14,325
Total value to be co-financed by GAVI	*$*		1,723,000	1,338,500	944,000	551,000	4,556,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		133,100	238,800	347,200	455,000	1,174,100
Number of AD syringes	#		140,700	252,500	367,100	481,100	1,241,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,575	2,825	4,075	5,350	13,825
Total value to be co-financed by the country	*$*		498,500	894,500	1,300,500	1,704,000	4,397,500

Table 7.1.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			22.43%			40.05%			57.95%			75.57%		
B	**Number of children to be vaccinated with**	Table 1	187,126	188,061	42,184	145,877	188,993	75,701	113,292	189,947	110,066	79,881	190,896	144,259	46,637

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	the first dose														
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3
D	**Number of doses needed**	B x C	561,378	564,183	126,550	437,633	566,979	227,101	339,878	569,841	330,198	239,643	572,688	432,777	139,911
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	589,447	592,393	132,877	459,516	595,328	238,456	356,872	598,334	346,708	251,626	601,323	454,417	146,906
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		737	166	571	734	294	440	752	436	316	748	566	182
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		593,130	133,043	460,087	596,062	238,750	357,312	599,086	347,144	251,942	602,071	454,982	147,089
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		627,062	140,654	486,408	630,162	252,409	377,753	633,359	367,003	266,356	636,514	481,010	155,504
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need)**	(K + L) /100 * 1.11		6,961	1,562	5,399	6,995	2,802	4,193	7,031	4,075	2,956	7,066	5,340	1,726

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed														
N	Cost of vaccines needed	I x g		2,075,955	465,648	1,610,307	2,086,217	835,624	1,250,593	2,096,801	1,215,002	881,799	2,107,249	1,592,436	514,813
O	Cost of AD syringes needed	K x ca		33,235	7,455	25,780	33,399	13,378	20,021	33,569	19,452	14,117	33,736	25,495	8,241
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		4,456	1,000	3,456	4,477	1,794	2,683	4,500	2,608	1,892	4,523	3,419	1,104
R	Freight cost for vaccines needed	N x fv		103,798	23,283	80,515	104,311	41,782	62,529	104,841	60,751	44,090	105,363	79,623	25,740
S	Freight cost for devices needed	(O+P+Q) x fd		3,770	846	2,924	3,788	1,518	2,270	3,807	2,206	1,601	3,826	2,892	934
T	Total fund needed	(N+O+P+Q+R+S)		2,221,214	498,230	1,722,984	2,232,192	894,093	1,338,099	2,243,518	1,300,017	943,501	2,254,697	1,703,861	550,836
U	Total country co-financing	I 3 cc		498,230			894,093			1,300,017			1,703,861		
V	Country co-financing % of GAVI supported proportion	U / T		22.43%			40.05%			57.95%			75.57%		

Table 7.2.1: Specifications for Rotavirus 2-dose schedule

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	183,702	184,620	185,543	186,471	187,403		927,739
Number of children to be vaccinated with the third dose	Table 1	#	181,445	182,352	183,264	184,181	185,101		916,343
Immunization coverage with the third dose	Table 1	#	99%	99%	99%	99%	99%		
Number of children to be vaccinated with the first dose	Table 1	#	187,126	188,061	188,993	189,947	190,896		945,023
Number of doses per child		#	2	2	2	2	2		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	No	No	No	No	No		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	7.500	6.000	5.000	4.000	3.600		
Country co-financing per dose		$	0.46	1.09	1.72	2.34	2.97		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.000	0.000	0.000	0.000	0.000		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for Rotavirus 2-dose schedule

Co-financing group	"Graded"

	2011	2012	2013	2014	2015
Minimum co-financing	0.46	1.09	1.72	2.34	2.97
Your co-financing	0.46	1.09	1.72	2.34	2.97

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		327,100	267,400	177,300	86,700	858,500
Number of AD syringes	#		0	0	0	0	0
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		3,650	2,975	1,975	975	9,575
Total value to be co-financed by GAVI	*$*		2,063,500	1,406,000	746,000	328,500	4,544,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		68,400	130,000	222,200	314,800	735,400
Number of AD syringes	#		0	0	0	0	0
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		775	1,450	2,475	3,500	8,200
Total value to be co-financed by the country	*$*		431,500	683,500	935,000	1,192,500	3,242,500

Table 7.2.4: Calculation of requirements for Rotavirus 2-dose schedule

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			17.28%			32.71%			55.61%			78.41%		

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
B	**Number of children to be vaccinated with the first dose**	Table 1	187,126	188,061	32,498	155,563	188,993	61,826	127,167	189,947	105,632	84,315	190,896	149,681	41,215
C	**Number of doses per child**	Vaccine parameter (schedule)	2	2	2	2	2	2	2	2	2	2	2	2	2
D	**Number of doses needed**	B x C	374,252	376,122	64,995	311,127	377,986	123,652	254,334	379,894	211,263	168,631	381,792	299,361	82,431
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	392,965	394,929	68,245	326,684	396,886	129,835	267,051	398,889	221,826	177,063	400,882	314,329	86,553
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		491	85	406	490	161	329	501	279	222	499	392	107
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		395,420	68,330	327,090	397,376	129,995	267,381	399,390	222,105	177,285	401,381	314,720	86,661
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		0	0	0	0	0	0	0	0	0	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		4,390	759	3,631	4,411	1,443	2,968	4,434	2,466	1,968	4,456	3,494	962
N	Cost of vaccines needed	I x g		2,372,520	409,976	1,962,544	1,986,880	649,973	1,336,907	1,597,560	888,417	709,143	1,444,972	1,132,992	311,980
O	Cost of AD syringes needed	K x ca		0	0	0	0	0	0	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		2,810	486	2,324	2,824	924	1,900	2,838	1,579	1,259	2,852	2,237	615
R	Freight cost for vaccines needed	N x fv		118,626	20,499	98,127	99,344	32,499	66,845	79,878	44,421	35,457	72,249	56,650	15,599
S	Freight cost for devices needed	(O+P+Q) x fd		281	49	232	283	93	190	284	158	126	286	225	61
T	Total fund needed	(N+O+P+Q +R+S)		2,494,237	431,008	2,063,229	2,089,331	683,487	1,405,844	1,680,560	934,573	745,987	1,520,359	1,192,102	328,257
U	Total country co-financing	I 3 cc		431,008			683,487			934,573			1,192,102		
V	Country co-financing % of GAVI supported proportion	U / T		17.28%			32.71%			55.61%			78.41%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

See Document 05, attached

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNIZATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarize total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANIZATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarize total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.